

**CDSS Case Review Tool Elements Reference Guide
Fiscal Year 2016-17**

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Assessment Timeliness		
Initial assessments <i>(Was there a face-to-face visit within 45 days of application date?)</i> Note: For FY 2016-17, CDSS QA will not be citing counties regarding the timeliness of initial assessments. However, if any issues related to access to care are identified, these will be addressed with the county.	CMIPS: <ul style="list-style-type: none"> Case Home Screen: Application, referral and home visit date 	MPP 30-759.2 ACL 12-36
Reassessment timeliness -12 month <i>(Has there been a reassessment within 12 months of the last Face-to-Face assessment date?)</i>	CMIPS: <ul style="list-style-type: none"> Case Home Screen: Home visit date Evidence Screens 	MPP 30-761.212 ACL 82-111 MPP 30-761.13 MPP 30-755.21
Reassessment timeliness - 18 month (Not an option for IPO cases, but available for CFCO cases meeting regulatory criteria.) <i>(Does the case meet the regulatory criteria for 18-month reassessment?)</i>	CMIPS: <ul style="list-style-type: none"> Case Home Screen: Home visit date Evidence in CMIPS, such as in the Assessment Narrative or Case Notes, that the case meets regulatory criteria for 18-month reassessment. Alternative documentation, such as forms/checklists, that show the case meets the regulatory criteria for 18-month reassessment. 	MPP 30-761.215 through 217 ACL 11-19

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Denied Cases		
<p>Appropriate documentation to support denial?</p> <p><i>(Does CMIPS information support denial is consistent with regulations and was the correct NOA code used?)</i></p>	<p>CMIPS:</p> <ul style="list-style-type: none"> • Case Notes • Assessment Narrative • Evidence Screens • CMIPS Forms/Correspondence, NOA 	<p>The MPP regulations specific to each denial code can be located in 4.1.5.3 CMIPS II User's Manual, Notice of Action (NOA) Job Aid section. The following are a few examples of the most commonly used NOA codes:</p> <ul style="list-style-type: none"> • DN05-Whereabouts unknown (MPP 30-7019(o)(2), MPP 30-755.21, MPP 30-760.1) • DN10-Not 65, Blind or Disabled (MPP 30-771.25) • DN12-No Assessed Need (MPP 30-761) • DN16-Did not provide adequate information (MPP 30-760.1) • DN18-Application Withdrawn-Recipient Request (MPP 30-009.213) • DN22-Health Care Certification (WIC12309.1) <p>Other applicable MPP regulations and ACLs are: MPP 30-009.2, MPP 30-755.1 through 2, MPP 30-759.1 and ACL 14-67.</p> <p>Documentation in CMIPS must support the reason for the Denial and show that the applicant was afforded due process.</p>

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Hourly Task Guidelines (HTGs)		
Does case information provide adequate exception language when assessed hours are above or below HTGs? <i>(Is there appropriate exception language for each service with hours above or below the HTGs?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 293 	MPP 30-757.1(a)-(k) ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACL 08-18 ACIN I-20-15 Note: ACL 06-34 (page 4) and subsequent errata provide clarification for MPP section 30-757.1 and states that exceptions apply when the recipient's total (not prorated) needs for a service were determined to require some time that is above or below (HTG).
Narrative		
Documentation is consistent with all FI Rankings <i>(Does case information provide adequate information to support the assigned FI rankings?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 293 	MPP 30-756.1 ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACL 12-36 (FI Rank 6) ACIN I-20-15

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Narrative (Continued)		
Narrative contains social worker's observations <i>(The case narrative should include the social worker's observations of the condition and/or appearance of the consumer and the condition and/or appearance of the residence during the home visit.)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34E2 ACIN I-20-15
Needs Assessment		
Sufficient documentation for all assessed services <i>(Is there sufficient documentation to justify the need for each service with an assessed need?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	MPP 30-761.26 MPP 30-763.1 ACL 06-34 ACL 06-34E ACL 06-34E1 ACL 06-34 E2 ACIN I-20-15
Hours assessed calculated and documented correctly <i>(Is there documentation to show how the social worker determined the assessed need, including tasks, frequency and time required?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes <p>Note: CDSS QA is currently accepting copies of any worksheets used to document the calculation of assessed hours as long as they are submitted in advance of the scheduled review.</p>	MPP 30-757.1 MPP 30-763.2 ACIN I-20-15

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Household/Living Situation		
Information regarding Household/Living Situation consistent in CMIPS and Case Narrative <i>(Does information in Narrative match the information in the Household Evidence Screen and is the Living Arrangement correctly identified in CMIPS)?</i>	CMIPS: <ul style="list-style-type: none"> Household Evidence Assessment Narrative Case Notes 	MPP 30-701 (s)(2) MPP 30-763.4 ACIN I-20-15
Protective Supervision (PS)		
Is this a Protective Supervision Case? <i>(Is Protective Supervision authorized?)</i>	CMIPS: <ul style="list-style-type: none"> Service Evidence Assessment Narrative Case Notes. Authorization Summary 	MPP 30-757.17-174
Is there sufficient PS documentation/justification <i>(Does the case information support that the case meets the regulatory requirements for the authorization of PS?)</i>	CMIPS: <ul style="list-style-type: none"> Service Evidence Assessment Narrative Case Notes Form(s): <ul style="list-style-type: none"> SOC 821 Other available information that supports the need for PS and which may be retained in the physical case file 	MPP 30-757.17-174 MPP 30-756.37 MPP 30-763.33 MPP 30-763.456(d) ACL 98-87 ACL 15-25 ACIN I-20-15

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Protective Supervision (PS) (Continued)		
SOC 821 in file or documented as sent to a physician <i>(Is there an SOC 821 in the file or documentation in CMIPS that the form was sent to the physician?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 821 	MPP 30-757.173(a)-173(c) ACIN I-21-06 ACIN I-20-15
County addressed PS needs at each reassessment <i>(Did county determine the need to obtain a new SOC 821 at each reassessment and document basis for determination?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 821 	ACIN I-21-06 W&IC 12301.21
24-hour plan in case file/reviewed at last assessment <i>(Is there a current SOC 825 or other current documentation showing how the 24-hour need is being met?)</i>	CMIPS: <ul style="list-style-type: none"> • Assessment narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 825 (optional) • Any applicable County forms. 	MPP 30-757.174 ACIN I-97-06 ACIN I-05-07
Unmet Needs		
Does this case have Unmet Needs <i>(Does CMIPS show that the recipients' needs exceed the number of hours available from IHSS?)</i>	CMIPS: <ul style="list-style-type: none"> • Authorization Summary (before LMA) • Assessment Narrative • Case Notes. 	MPP 30-761.274 ACL 13-66

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Unmet Needs (Continued)		
SW documented attempt to identify other unmet needs resources <i>(Did social worker document the attempt to identify other appropriate resources that may be available to meet the Unmet Need?)</i>	CMIPS: <ul style="list-style-type: none"> • Authorization Summary (before LMA) • Assessment Narrative • Case Notes 	ACL 13-66
Paramedical (SOC 321)		
Is this a Paramedical Services case? <i>(Are there Paramedical Services Authorized?)</i>	CMIPS: <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes 	W&IC 12300.1 MPP 30-757.19
Form SOC 321 is in case file	Form(s): <ul style="list-style-type: none"> • SOC 321 	W&IC 12300.1 MPP 30-757.196 MPP 30-757.198 ACL 79-81 ACL 08-18 ACL 09-30 ACL 12-36
Form SOC 321 is current <i>(Has the duration of services noted on the SOC 321 expired and not been updated by social worker or are they permanent?)</i>	CMIPS: <ul style="list-style-type: none"> • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 321 	MPP 30-757.196 MPP 30-757.198 ACL 79-81 ACL 08-18 ACL 09-30 ACL 12-36

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
Paramedical (SOC 321) (Continued)		
Authorized hours consistent with SOC 321	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 321 	MPP 30-757.19
Services are paramedical <i>(If services not paramedical, did the social worker assess the need for the service under the appropriate category?)</i>	Form(s): <ul style="list-style-type: none"> • SOC 321 Form(s): <ul style="list-style-type: none"> • Any applicable County forms. 	W&IC 12300.1 MPP 30-757.191(a) through (c)
SOC 321 signed by licensed HCP <i>Must be signed and dated</i>	Form(s): <ul style="list-style-type: none"> • SOC 321 	MPP 30-757.192-196 ACIN I-74-11
SOC 321 signed by Recipient or Authorized Representative <i>Must be signed and dated</i>	Form(s): <ul style="list-style-type: none"> • SOC 321 	MPP 30-757.196 ACIN I-74-11
Proration		
Is Proration applicable to this case? <i>(Does the recipient reside with one or more other persons?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes. 	MPP 30-763.3 through .5 ACL 08-18 ACL 09-30

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Proration (Continued)		
Adjustments correctly reflect shared living regulations requirement <i>(Were the regulations regarding shared living situations applied appropriately?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes. 	MPP 30-763.31 through.35 MPP 30-763.4 through .5 ACL 06-34 ACL 06-34E ACL 06-34E2 ACL 08-18 ACL 09-30
Critical Incidents (CI)		
Any noted critical incidents were documented <i>(Was there a CI documented? If yes, type of CI, if indicated.)</i>	CMIPS: <ul style="list-style-type: none"> • Case Notes • Assessment Narrative 	ACL 13-110 CFCO SPA 13-007
Alternative Resources (AR)		
Is there documentation that ARs were explored? <i>(Is there CMIPS documentation to support that social worker explored the availability of AR?)</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes 	MPP 30-763.61
When available, was AR source and type of service documented?	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 450 • Any applicable County forms 	MPP 30-763.61 MPP 30-761.273

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Alternative Resources (AR) (Continued)		
Hours for service tasks were correctly adjusted <i>Did the county identify whether the AR are considered in the authorized hours and reduce these hours when appropriate</i>	CMIPS: <ul style="list-style-type: none"> • Service Evidence • Assessment Narrative • Case Notes Form(s): <ul style="list-style-type: none"> • SOC 450 	MPP 30-763.63 MPP 30-761.273
If required, was the SOC 450 on file <i>Did county obtain SOC 450 indicating person eligible to be paid by IHSS, but does not wish to receive payment. If the county is unable to obtain an SOC 450, the social worker must document that he/she adhered to the requirements as set forth on page 5 of ACL 00-28.</i>	CMIPS: <ul style="list-style-type: none"> • Evidence • Assessment Narrative • Case Notes. Form(s): <ul style="list-style-type: none"> • SOC 450 	MPP 30-757.176 (a)(1)-(10) MPP 30-763.64 ACL 00-28
State QA Home Visit		
Was a State QA home visit completed? <i>This refers to a case for which CDSS QA accompanied County QA on a home visit during the monitoring review.</i>	Form(s): <ul style="list-style-type: none"> • CDSS QA Home Visit Checklist 	MPP 30-702.125 (b)(1)-(10) ACL 13-110

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
County QA Desk Review		
Has this case been previously reviewed by County QA staff?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	MPP 30-702 ACL 13-110
County QA staff correctly identified most inaccuracies and omissions (less than three instances) present during their desk review	CMIPS: <ul style="list-style-type: none"> • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110
In all instances, county QA staff correctly applied CDSS regulations and policies?	CMIPS: <ul style="list-style-type: none"> • Case Notes Form(s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110
Was the county remediation process consistent with that noted in CDSS QA manual and completed accordingly?	CMIPS: <ul style="list-style-type: none"> • QA Assessment Review Screen • Case Notes Form (s): <ul style="list-style-type: none"> • County QA Desk Review Tool • County QA Home Visit Tool 	ACL 13-110
Was there a county QA home visit associated with county QA staff's QA desk review?	CMIPS: <ul style="list-style-type: none"> • Case Notes • QA Assessment Review Screen Form(s): <ul style="list-style-type: none"> • QA Desk Review Tool, QA Home Visit Tool • Any applicable county forms 	MPP 30-702 (b)(1)-(10) ACL 13-110

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
County QA Desk Review (Continued)		
Were all issues identified during the county QA home visit addressed?	CMIPS: <ul style="list-style-type: none"> Evidence Screens Case Notes Form(s): <ul style="list-style-type: none"> QA Desk Review Tool, QA Home Visit Tool Any applicable county forms 	MPP 30-702 (b)(1)-(10) ACL 13-110
IHSS Forms		
SOC 332		
Completed SOC 332 Recipient/Employer Responsibility Checklist <i>Signed and dated by client</i>	Form(s): <ul style="list-style-type: none"> SOC 332 	MPP 30-764.31 ACIN I-71-06 ACL 09-69
SOC 873		
Completed SOC 873 Healthcare Certification	CMIPS: <ul style="list-style-type: none"> Program Evidence – Health Cert Date Form(s): <ul style="list-style-type: none"> SOC 873 	W&IC 12309.1 ACL11-55 ACIN 1-74-11 ACL 11-76
SOC 873 signed by licensed HCP?	Form(s): <ul style="list-style-type: none"> SOC 873 	W&IC 12309.1(a)(1) ACIN 1-74-11
HCP checked “Yes” indicating need for IHSS on SOC 873?	Form(s): <ul style="list-style-type: none"> SOC 873 	ACL 11-55 ACIN I-74-11

REVIEW TOOL QUESTION	DOCUMENTATION SOURCE	AUTHORITY
IHSS Forms (Continued)		
If IHSS not indicated on SOC 873, did county follow up? <i>If the SOC 873 is received incomplete, did county follow-up with the HCP for clarification and was the information provided documented?</i>	CMIPS: <ul style="list-style-type: none"> Assessment Narrative Case Notes Form(s): <ul style="list-style-type: none"> SOC 873 or alternative documentation 	ACL 11-55 ACIN I-74-11
If no SOC 873 available, was alternative documentation in case file?	CMIPS: <ul style="list-style-type: none"> Assessment Narrative Case Notes Form(s): <ul style="list-style-type: none"> Alternative documentation 	ACL 11-55 ACL 11-76
SOC 426A		
Completed SOC 426A Recipient Designation of Provider in file <i>Signed and dated by client</i>	Form(s): <ul style="list-style-type: none"> SOC 426A 	ACL 09-52 ACL 10-35
SOC 827/864		
Completed SOC 827/864 Emergency Backup/Risk Assessment <i>Does the form contain all required information? Is it signed and dated by client or authorized representative?</i>	Form(s): <ul style="list-style-type: none"> SOC 827/864 	MPP 30-702.125(b)(10) ACL 07-08 ACIN I-27-11 CFCO SPA 13-007